Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

1091014365

CLAIMS AS FILED - PART I					SMALL	ENTITY		OTHER THAN		
(Column 1) (Column 2)				TYPE		OR	SMALL	ENTITY		
FOR		NUMBI	ER FILED	NUMBER	EXTRA	RATE	FEE]. [RATE	FEE
BASIC FEE							345.00	OR		690.00
TC	TAL CLAIMS	2	minus 2	20= • Ø		X\$ 9=		OR	X\$18=	36
INDEPENDENT CLAIMS 5 minus 3 = 2					X39=		OR	X78=	150	
ML	MULTIPLE DEPENDENT CLAIM PRESENT							OR	+260=	·
* If	* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	882
	CLAIMS AS AMENDED - PART II					SMALL	FNTITY	OR	OTHER SMALL	
<u> </u>		(Column 1) CLAIMS	THE COURT OF STREET	(Column 2) HIGHEST	(Column 3)	CIIIALL	ADDI-			ADDI-
ENT A	H	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	. 22	Minus	-23	=	X\$ 9=		OR	X\$18=	
AME	Independent	· 5	Minus	*** 5	=	X39=		OR	X78=	
	FIRST PRESE	NIATION OF M	ULTIPLE DEF	PENDENT CLAIM		+130=	· ·	OR	+260=	
	_					TOTAL		OR	TOTAL	
ľ		· (Onlyman 4)		(Caluma 0)	(Oak	ADDIT. FEE	L		ADDIT. FEE	
\vdash		(Column 1) CLAIMS	7477 D-52 752	(Column 2) HIGHEST	(Column 3)		455			
ENT B	ϕ_{\pm}	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 36	Minus	-32	= 14	X\$ 9=		OR	X\$18= ,	252.0
AME	Independent	NITATION OF M	Minus	PENDENT CLAIM	= <i>Y</i> .	X39=		OR	X78=	34400
\vdash	THOTTHESE	TATALION OF IM		LIDLINI ODAIN		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR ·	TOTAL ADDIT. FEE	596.W
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE		•	ADDI1. 1 E.C.	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	PENDENT CLAIM				Un		
 . ,	f the entry in colum	nn 1 is lace than t	ne entry in colu	mn 2 write "0" in co	dumn 3	+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	Offery 345

Total Fee Calculation

		7014170	Cuicuia		•			•
	Fee Code	Total # Claims	Number Extra	<u>x</u>	Fee	Fee	_	Total
Basic Filing Fee	Sm./Lg.				Sm. Entity	Lg. Entity	— "	<u>(90</u>
Total Claims >20	203/103	-20 =	(A)	x	9	18		<u>3φ</u>
Independent Claims >3	202/102	<u>S</u> .3 =		x	39	<u>18</u>	-	156
Mult. Dep Claim Present	204/104				130	260	=	100
Surcharge	205/105				<u>65</u>	<u>130</u>	=	130
English Translation	139	•						
TOTAL FEE CALCULA	ATION							<u>0</u> 2
Fees due upon filing t	the application:						,,	
Total Filing Fees Due	s = \$ <u> </u>	10	12	_			<u> </u>	-
Less Filing Fees Subr	mitted - \$		1	<u> </u>				
BALANÇE DUE	= \$		1012	<i>;</i>				
Athus.								
Office of Initial Paten	t Examination							